

FILED

1 AARON JAMES PIERCE -55222/409-34 COW
2 CALIFORNIA REHABILITATION CENTER NORCO
POST OFFICE BOX 92860-0991
NORCO,
CALIFORNIA 95335

2008 JUN 16 P 3:29

RICHARD W. WIEKING
CLERK
U.S. DISTRICT COURT
NO. DIST. OF CA. S.J.

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

AARON JAMES PIERCE

Plaintiff, DATE: JUNE 12, 2008.

VS.

CASE NUMBERS: CV 08 2630 JF (PR)
CV 08 2678 JF (PR)
C 03 4934 JF (PR)

MATTHEW MARTEL, et al.
DR. SARV GROVER, M.D., et al.
JEANNE S. WOODFORD, et al.

Defendant(s).

COVER LETTER TO PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

DEAR COURT CLERK, AND HONORABLE JEREMY FOGEL, (JUDGE),

I AM
NOW INCLUDING THIS COVER LETTER BECAUSE SINCE I MAILED MY LAST
IN FORMA PAUPERIS APPLICATION THAT WAS SIGNED BY CORRECTIONAL
OFFICER SALGADO I RECEIVED THIS ATTACHED ONE THAT IS SIGNED BY
INMATE TRUST OFFICE CINDY SAMANO.

I ALSO WANT TO INFORM BOTH OF YOU THAT MY RELEASE DATE
IS 07-10-08 SO I WILL SEND A NOTICE OF CHANGE OF ADDRESS TO
THE ABOVE ENTITLED COURT NEXT MONTH. PLEASE RETURN A CONFERMED
COPY OF THIS MATTER TO ME AT MY ABOVE LISTED MAILING ADDRESS.

THANK YOU FOR ALL OF YOUR TIME IN REGARD TO THIS MATTER

SINCERELY YOURS,

Aaron James Pierce
AARON JAMES PIERCE,
PLAINTIFF/WRITER'S SIGNATURE

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1 AARON JAMES PIERCE J55222/409-34 COW
2 CALIFORNIA REHABILITATION CENTER - NORCO
3 POST OFFICE BOX #3535
NORCO,
CALIFORNIA 92860 - 0991

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8 UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA

10 AARON JAMES PIERCE }
11 Plaintiff, }
12 vs. }
13 MATTHEW MARTEL, et., al., }
14 SARV GROVER, M.D. et, al., }
JEANNES WOODFORD et al Defendant. }
15

CASE NO. CV 08 2678 JF (PR) ;
CV-08 2630 JF (PR)
PRISONER'S C-03-4934 JF (PR)
APPLICATION TO PROCEED
IN FORMA PAUPERIS

16 I, AARON JAMES PIERCE, declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No X

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: Net:

27 Employer: N/n

28

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

4 2006 FOR T&H COMPRESSOR REPAIR AT \$15.00 PER HOUR EQUALS
5 \$600.00 PER WEEK AND \$31,200.00 PER YEAR (NOW T AND H
6 COMPRESSOR REPAIR IS LOCATED IN VENTURA, CALIFORNIA).

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes ___ No self employment

10 b. Income from stocks, bonds, Yes ___ No or royalties?

11 c. Rent payments? Yes ___ No

12 d. Pensions, annuities, or Yes ___ No life insurance payments?

13 e. Federal or State welfare payments, Yes ___ No Social Security or other govern-
14 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 N/A
22 u u

23 | 3. Are you married? Yes No

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: " "

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 8 Net \$ 8

28 4. a. List amount you contribute to your spouse's support: \$

5 NO ONE AT THIS TIME
6 " " "

7 | 5. Do you own or are you buying a home? Yes No

8 | Estimated Market Value: \$ *10* Amount of Mortgage: \$ *8*

9 | 6. Do you own an automobile? Yes No

10 | Make ✓ Year ✓ Model ✓

11 Is it financed? Yes No X If so, Total due: \$ 80

12 | Monthly Payment: \$ 8

13 | 7. Do you have a bank account? Yes X No ___ (Do not include account numbers.)

14 Name(s) and address(es) of bank: MISSTATE BANK AND TRUST AT 304 EAST

15 MAIN STREET VENTURA, CALIFORNIA 93001

16 Present balance(s): \$ 56 00

17 | Do you own any cash? Yes No Amount: \$ ~~8~~

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19 market value.) Yes No X

20 u cc

21 | 8. What are your monthly expenses?

22 Rent: \$ Utilities:

23 | Food: \$ 8

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 NONE 0 \$ 0

27 \$

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 I OWE CHILD SUPPORT TO MY 16 YEAR OLD DAUGHTER AMANDA JANE
4 PIERCE (DOB=12-17-91) AND HER MOTHER STACEY O'ANNE SMITH (DOB 08/06/63)

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No _____

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 SAME COURT AND SAME REASONS
10 (DIFFERENT CASE NUMBERS)

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

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06-12-08

17

DATE

SIGNATURE OF APPLICANT

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Case Number: CV 08 2678 JF (PR)
CV 08 2630 JF (PR)
C-03-04934 JF (PR)

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of AARON JAMES PIERCE for the last six months at

CALIFORNIA REHABILITATION CENTER where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 5/23/08

Candy Saman
Authorized officer of the institution

UNITED STATES NORTHERN DISTRICT COURT
 Proof of Service by Mail (CCP § 1013(a) & 2015.5; 28 USC 1746)

PIERCE v. WOODFORD et al (USNDC CASE NO. 08-2678 (C-08-0934 et al))
 I declare that: IN REGARD TO ME AARON JAMES PIERCE T55222/409-34COW

I am a resident of the County of RIVERSIDE, California. I am over the age of eighteen years. My residence address is:

CALIFORNIA REHABILITATION CENTER-NORCO, P.O. BOX # 3535
NORCO, CALIFORNIA 92860-0991

On JUNE 12, 2008 I served the attached (A) COVER LETTER TO PRISONER'S APPLICATION
TO PROCEED IN FORMA PAUPERIS (B) APPLICATION TO PROCEED IN FORMA PAUPERIS
(C) THIS REQUEST FOR CLERK TO MAIL ME BACK A CONFORMED COPY OF THESE
 on the PARTIES LISTED HEREINATTACHED in said case, by placing a true copy thereof enclosed
 in a sealed envelope with postage thereon fully paid in the United States mail at CALIFORNIA

REHABILITATION CENTER IN NORCO, CALIFORNIA 92860-0991

addressed as follows CLERK OF THE COURT

UNITED STATES NORTHERN DISTRICT COURT

280 SOUTH FIRST STREET 2112

SAN JOSE CALIFORNIA 95113 - 3095

ATTN: HONORABLE JEREMY FAGER JUDGE

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) JUNE 12, 2008, at CREW IN THE COUNTY OF RIVERSIDE, California.

Type or print name: AARON JAMES PIERCE

Signature: Aaron James Pierce

(ORIGINAL)

07 OF 07

ORIGINAL

James Pierce J55222/409-34con
NARROW JAMES REHABILITATION CENTER - NORCO
CALIFORNIA 92860-0991
Box 3535

92860-0991

CLERK OF THE COURT

UNITED STATES NORTHERN DISTRICT COURT
280 SOUTH FIRST STREET
SAN JOSE CALIFORNIA 95113 - 3095

HONORABLE JEREMY ROGER, JUDGE



LEGAL
MAIL

CONFIDENTIAL